

# MEDICATION, SICKNESS AND ILLNESS POLICY



## Oyster Bay Nursery

Draft Prepared	Sept 2025
Signed by Executive Headteacher	Ms D Hines
Signed by Chair of Governors	Nicki Mattin
Date Policy to be Reviewed	Sept 2026

**Be Ready, Be Respectful, Be Responsible**

At Oyster Bay Nursery, we provide care for healthy children and promote health through

- identifying allergies and preventing contact with the allergenic substance and
- through preventing cross infection or viruses and bacterial infections.

### **Procedures for children with allergies**

- When parents start their children in the setting, they are asked if their child suffers from any known allergies during transition phone calls/home visits. This is recorded on the child's transition forms and in each child's admission form.
- If a child has an allergy, a dietary/allergy needs form is completed to detail the following:
  - The allergen (i.e. the substance, material or living creature the child is allergic to, such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions, e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems, etc.
  - What to do in case of allergic reactions, any medication used, and how it will be used (e.g. EpiPen). A Care Plan is in place for the child with regular medication. Long-term medicine forms are to be stored with/attached to the medicine.
  - Control measures – such as how the child can be prevented from contact with the allergen.
  - This is reviewed regularly.
- Forms are kept in the health file (Teams), and information is displayed where staff can see it and need to use it daily, e.g. in the Nursery kitchen with a photo.
- Parents train staff on administering special medication in the event of an allergic reaction.
- No nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example, to a party or in packed lunches.
- Parents know that no eggs must be brought in for packed lunches.

### **Oral Medication**

Medicines should only be administered at Nursery when it would be detrimental to a child's health not to do so.

- Prescribed medicines should be handed to a nursery team member in their original packaging, with the dosage clearly stated. If the dosage differs from the parental consent form, then this would need an accompanying letter from a GP.
- We will obtain clear written instructions on how to administer such medication.
- We will adhere to all risk assessment procedures for the correct storage and administration of the medication.

- We will obtain prior written consent from parents or guardians. This consent must be kept on file (Blossom). Long-term and short-term medicine forms must also be kept on file, and a copy must be attached to the medication box.
- Medication forms will be kept in the medication file to ensure instructions are followed, and the correct dosage is given. A message stating the dose and time of the medicine or inhaler will be added to the child's Diary/News and Activities system on Blossom, and verbal feedback will be given at collection time where possible.
- Parents will be asked to sign the form acknowledging that medication has been given.
- We will only administer paracetamol pain relief (Calpol) if written permission has been received on Blossom and only to make the child more comfortable. At the same time, the parent is on the way to collect their child. If a child needs Calpol, they are too ill to remain in school and should be collected. Before giving Calpol, we will check when/if the child had the last dose. We will never give ibuprofen (Nurofen) or aspirin unless these medicines are required as part of an individual care plan.
- We will only use antihistamines or 'Piriton' in an emergency and will seek consent from parents or carers first. If parents cannot be contacted, we will call 111 for advice.
- We will use Calpol sachets rather than a bottle to avoid cross-contamination.
- When a child is too ill to remain in school, a nursery management team member will call parents to come and collect their child.
- In an emergency, when a child is seriously ill with a high temperature, and we can't contact the parent for permission to give Calpol, we will call 111 for advice.
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used to dispose of needles and other sharps.

### **Personal Care Plan**

Children with a condition requiring regular medication. Parents will be asked to complete a personal care plan with details of the condition and regular medication required. A copy will be kept in the child's file, and the medicine box will be in the medication file. Doses of medication given will be recorded on Blossom under Diary news/activities.

### **Lifesaving medication and invasive treatments.**

Adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments. - We will obtain:

- A letter from the child's GP/consultant stating the child's condition and what medication, if any, is to be administered.
- Written consent forms from the parent or guardian allowing staff to administer medication. and
- Provide proof of training in administering such medication by the child's GP, district nurse, children's nurse specialist, or community paediatric nurse.
- An 'Emergency Pack' with the child's name marked on it will be kept, together with clear instructions/care plan provided by the parent in
- Each room has a LifeVac device to use in a choking emergency when basic life support attempts fail.

## Emergency Procedures

Debra Hines, Head Teacher, will ensure that arrangements are in place for dealing with emergencies for all nursery activities, including trips, wherever they take place.

If a child needs to be taken to the hospital, staff should stay with the child until the parent arrives or accompany the child to the hospital by ambulance.

## Procedures for children who are sick or infectious.

- If children appear unwell during the day—have a temperature, sickness, diarrhoea, or pains, particularly in the head or stomach—the child's key worker will check with a member of nursery management before calling the parent and asking them to collect the child or sending a known carer to collect on their behalf.
- Every effort will be made to contact the parents/carers. It is essential therefore that the setting has up to date information to be able to contact the parents/carers during setting hours. If the parent/carer cannot be contacted, staff will endeavour to contact the other named contacts on the child's record.
- If a child has a temperature, they are kept cool by removing top clothing.
- Temperature is measured using an ear thermometer in the first aid box.
- In extreme cases of emergency, the child should be taken to the nearest hospital, and parents should be informed.
- The nursery can refuse admittance to children with a temperature, sickness, diarrhoea or a contagious infection or disease.
- Parents are asked to inform the nursery of any contagious diseases their child has been diagnosed with to enable the manager to take appropriate action (e.g., measles, chicken pox, impetigo). The nursery management team will refer to PHE for up-to-date advice and guidance.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- Babies/ children who have had 2 loose nappies/stools at nursery will be sent home to minimise the risk of infections. To assess the consistency of the stool we are using the Bristol stool chart which enables us to categorize this. If stools are presenting as 6/7 this is classed as diarrhoea, and you will be asked to collect your child and keep off for 48 hours or the last bout of diarrhoea. Please see link for reference: [Bristol Stool Chart](#)
- After diarrhoea and/or sickness, parents are asked to keep children home for 48 hours following the last bout.
- Each room has a first aid kit and first aid kit in a travel waste bag for use when outside of the classroom. These are regularly checked and refilled. (At least termly) If anything needs refilling sooner, the first aid lead will source supplies.
- Oyster Bay Nursery follow the guidance on infection control from Public Health England. Please see link: [Guidance on infection control in schools poster.pdf](#)

### Nits and head lice

- Nits and head lice are not an excludable condition, although in exceptional cases, a parent may be asked to keep the child away until the infestation has cleared.
- When cases of head lice are identified, all parents are informed and asked to treat their child and the family if they are found to have head lice.

### **Liability and Indemnity**

Oyster Bay Nursery is fully insured through the Kent County Council insurance scheme (Gallagher) for all its internal and external activities.

Oyster Bay Nursery aims to promote a healthy environment for the children in our care and we need and appreciate your co-operation to support this.

**Please note that all sickness absences are payable in full as per our payment policy (this includes if children are sent home by staff at Oyster Bay Nursery).**